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Bib Data Sheet

CONFIRMATION NO. 9931

<b>SERIAL NUMBER</b> 10/780,360	<b>FILING OR 371(c) DATE</b> 02/17/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 2532-00342
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## APPLICANTS

Matti Huiku, Espoo, FINLAND;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FINLAND	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u><i>[Signature]</i></u> Examiner's Signature Initials				

## ADDRESS

26753

## TITLE

Monitoring the neurological state of a patient

<b>FILING FEE RECEIVED</b> 932	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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